

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-873)

Serial No. 09/890,240

Filing Date

Applicant(s)

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	7	8	5	6	6	6
TOTAL DEP.	33	45	44	44	44	44
TOTAL CLAIMS	40	50	49	50	50	50

CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		6				
52		1				
53		1				
54		1				
55	1	1				
56	1	1				
57		1				
58		1				
59	1	1				
60	1	1				
61	1	1				
62		1				
63		1				
64	1	1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
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85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.	6	6	6	6	6	6
TOTAL DEP.	44	44	44	44	44	44
TOTAL CLAIMS	50	50	50	50	50	50

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS